

1.) CORPORATION NAME:

SAGAMORE INSURANCE COMPANYDUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**
SCC ID NO: **F1199332**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

 ADDRESS: 111 CONGRESSIONAL BLVD
SUITE 500

CITY/ST/ZIP: CARMEL, IN 46032

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

 NAME: JOSEPH J. DEVITO
 TITLE: PRESIDENT
 ADDRESS: 111 CONGRESSIONAL BLVD
 SUITE 500
 CITY/ST/ZIP/CO: CARMEL, IN 46032
☒

OFFICER

☒

DIRECTOR

 NAME: MARK L. BONINI
 TITLE: VICE PRESIDENT
 ADDRESS: 111 CONGRESSIONAL BLVD
 SUITE 500
 CITY/ST/ZIP/CO: CARMEL, IN 46032
☒

OFFICER

☒

DIRECTOR

 NAME: HUGH CAMERON
 TITLE: VICE PRESIDENT
 ADDRESS: 111 CONGRESSIONAL BLVD
 SUITE 500
 CITY/ST/ZIP/CO: CARMEL, IN 46032
☒

OFFICER

☒

DIRECTOR

 NAME: G. PATRICK CORYDON
 TITLE: VICE PRESIDENT
 ADDRESS: 111 CONGRESSIONAL BLVD
 SUITE 500
 CITY/ST/ZIP/CO: CARMEL, IN 46032
☒

OFFICER

☒

DIRECTOR

 NAME: RODGER A COTTRELL
 TITLE: VICE PRESIDENT
 ADDRESS: 111 CONGRESSIONAL BLVD
 SUITE 500
 CITY/ST/ZIP/CO: CARMEL, IN 46032
☒

OFFICER

☒

DIRECTOR

NAME:	JAMES D. ISHAM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	111 CONGRESSIONAL BLVD SUITE 500		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		
NAME:	JENNIE L. LAREAU	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	111 CONGRESSIONAL BLVD SUITE 500		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		
NAME:	JOHN E. MITCHELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	111 CONGRESSIONAL BLVD SUITE 500		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		
NAME:	CRAIG C MORFAS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	111 CONGRESSIONAL BLVD SUITE 500		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		
NAME:	THOMAS W THOMPSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREAS/VP		
ADDRESS:	111 CONGRESSIONAL BLVD SUITE 500		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		
NAME:	STACY RENZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	111 CONGRESSIONAL BLVD SUITE 500		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		
NAME:	MICHAEL J CASE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	111 CONGRESSIONAL BLVD SUITE 500		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		
NAME:	RON GOSHEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	111 CONGRESSIONAL BLVD SUITE 500		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		
NAME:	GARY MILLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	111 CONGRESSIONAL BLVD SUITE 500		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CRAIG C MORFAS	CRAIG C MORFAS, VICE	12/2/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT	DATE	
	PRINTED NAME AND CORPORATE TITLE		

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.